

1451445

# Statement of Organization Recipient Committee

## Statement Type

- Initial
- Not yet qualified or
- Date qualification threshold met

- Amendment
- Termination - See Part 5

Date of termination  
12 / 31 / 22

RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

FEB 05 2024

CALIFORNIA 410  
FORM

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COPY

## 2. Treasurer and Other Principal Officers

## 1. Committee Information

NAME OF COMMITTEE <b>Margaret Becker For Redwood City Council</b>		I.D. Number (if applicable)	
NAME OF TREASURER <b>Karen Cator</b>		NAME OF PRINCIPAL OFFICER(S) <b>Mary Tate</b>	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY <b>Redwood City</b>		CITY [REDACTED]	
STATE <b>CA</b>		STATE <b>CA</b>	
ZIP CODE <b>94062</b>		ZIP CODE <b>94062</b>	
AREA CODE/PHONE [REDACTED]		AREA CODE/PHONE [REDACTED]	
FULL MAILING ADDRESS (IF DIFFERENT)		FULL MAILING ADDRESS (IF DIFFERENT)	
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)		E-MAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)	
COUNTY OF DOMICILE <b>San Mateo</b>		JURISDICTION WHERE COMMITTEE IS ACTIVE <b>San Mateo County</b>	
Attach additional information on appropriately labeled continuation sheets.			

## 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/31/24 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROponent

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